



INDIANA ECONOMIC IMPACT – PROPOSALS AND CONTRACTS

State Form 51778 (R3/10-04)

Approved by State Board of Accounts, 2004

This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 26 items – indicate “N/A” if not applicable).

1. Legal name of firm: _____
2. Address: _____ City: _____ State: _____ Zip Code: _____
3. Telephone #: _____ Fax #: _____ Website: _____
4. Federal Tax Identification Number: _____
5. State/Country of domicile/incorporation: _____
6. Location of firm's headquarters or principal place of business: _____
7. Name of parent company or holding company (if applicable): _____
8. State/Country of domicile/incorporation of company listed in #7: _____
9. Address of company listed in #7: _____
10. IN Dept. of Workforce Development (DWD) account number: _____
11. IN Dept. of Revenue account number: _____
12. Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:

13. Total number of employees per most recently completed IRS Form W-2 distribution: _____
14. Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution: \$ _____
15. Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution: \$ _____
16. Number of Indiana resident employees reported to DWD for the latest calendar quarter: _____
17. Number of Indiana resident shareholders/partners (IRS pass-through entities only): _____
18. Total amount of this proposal, bid, or current contract: \$ _____
19. Estimated amount of #18 to be expended for gross payroll to Indiana resident employees **specifically for this proposal or contract**: \$ _____
20. Estimated amount of #18 to be paid to subcontractors, excluding that listed in #22 below, and suppliers located in Indiana **specifically for this proposal or contract**: \$ _____

INDIANA ECONOMIC IMPACT – PROPOSALS AND CONTRACTS (Continued)

21. List of subcontractors and suppliers totaling amount in #18:

Company Name		
Address		
Contact Person		
Telephone Number		
Tax ID Number		

* Attach a separate sheet of paper if more space is needed for additional subcontractors or suppliers.

22. Estimated amount of #18 to be paid to State of Indiana certified minority, women and/or disadvantaged owned business enterprises (MBE/WBE/DBE) located in Indiana (consult listing at <http://www.IN.gov/idoa/minority>) specifically for this proposal or contract (not included in #20 above):
\$ _____

23. List of State of Indiana certified MBE and WBE firms totaling amount in #22:

Company Name		
Address		
Contact Person		
Telephone Number		
Tax ID Number		

* Attach a separate sheet of paper if more space is needed for additional MBE and WBE firms.

24. If the contractor claims the preference as an Indiana Business described in subsection (a)(4) of Section 2 of House Enrolled Act No. 1080 please provide a description of the capital investments made in Indiana and a statement of the amount of those capital investments. (If additional space is needed please attach and note exhibit number below)

25. If the contractor claims the preference as an Indiana Business described in subsection (a)(5) of Section 2 of House Enrolled Act No. 1080 please provide a description of the substantial positive economic impact the contractor has on Indiana. (If additional space is needed please attach and note exhibit number below)

26. Affirmation by authorized official: I affirm under penalties of perjury that the foregoing representations are true to the best of my knowledge and belief:

Signature: _____

Name of authorized official: _____

Title: _____

Date: _____